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2017 Off-Cycle CAHPS® Child Medicaid with CCC Survey Summary Report

Centene - NE (Nebraska Total Care)

December 2017



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**Detailed exhibits and data tables available in online reporting portal.*

2017 Executive Highlights

Summary Rate Scores (% Positive Response)			
COMPOSITE SCORES	2017	2016	2017 Score versus 2017 Quality Compass
Getting Care Quickly	92%	NA	72 nd
How Well Doctors Communicate	96%	NA	90 th
Care Coordination	83%	NA	49 th
Getting Needed Care	87%	NA	63 rd
Customer Service	92%	NA	92 nd
Shared Decision Making	84%	NA	96 th
OVERALL RATING SCORES			
Health Care	91%	NA	95 th
Personal Doctor	91%	NA	84 th
Specialist	91%	NA	82 nd
Health Plan	86%	NA	47 th

Green (light) shade = relative strength Red (dark) shade = relative weakness

2017 NCQA Accreditation CAHPS Points			
Approx. 2017 Percentile Threshold	2017 Approx. Points	2016 Approx. Points	Difference from 2016
75 th	1.907	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
50 th	1.473	NA	NA
NA	NA	NA	NA
NA	NA	NA	NA
90 th	2.167	NA	NA
90 th	2.167	NA	NA
NA	NA	NA	NA
75 th	3.814	NA	NA
	11.528	NA	NA



Total Possible CAHPS Points = 13.00

Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.
- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.



Background, Protocol and Sample

Background

CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

Protocol

For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. The protocol includes the following:

**Pre-notification
postcard mailed
(optional)**

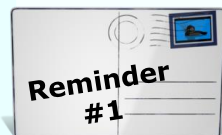


**Questionnaire with
cover letter and
business reply
envelope (BRE)
mailed**



**Internet link
included on cover
letter (optional)**

**1st reminder
postcard mailed**

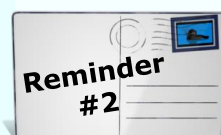


**Replacement
questionnaire with
cover letter and
BRE to all non-
responders**



**Internet link
included on cover
letter (optional)**

**2nd reminder
postcard mailed**



**Telephone
interviews
conducted with
non-responders
(min of 3/max of 6
attempts)**



- Centene - NE (Nebraska Total Care) chose the mail/telephone/Internet protocol.

Sample

	Sample Size	Total Completes	General Population Completes	CCC Population Completes	English Completes	Spanish Completes
Centene – NE (Nebraska Total Care)	3490	662	301	352	570	92

Population Details

- In 2017, 3490 Centene - NE (Nebraska Total Care) members were randomly selected to participate in the 2017 CAHPS® 5.0H Child Medicaid with CCC Survey. This sample consisted of 1650 randomly selected Child members and 1840 CCC Supplemental Sample. The CCC Supplemental Sample was pulled after the CAHPS® 5.0H Child survey sample was drawn. The CCC Supplemental Sample consisted of members with the prescreen status code of 2 (children more likely to have a chronic condition) who were not already selected for the CAHPS® 5.0H Child survey sample. Morpace combined the CAHPS® 5.0H Child survey sample and the CCC Supplemental Sample for survey administration and submission of data to NCQA for calculation of survey results.
- For purposes of reporting the Child Medicaid with CCC survey results, the results are divided into two groups: General Population and CCC Population. The General Population consists of all child members who were randomly selected for the CAHPS® 5.0H Child survey during sampling. The CCC Population consists of all children (either from the CAHPS® 5.0H Child survey sample or the CCC Supplemental Sample) who are identified as having a chronic condition, as defined by the member's responses to the CCC survey-based screening tool.

Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question # 3, 30, 45, 49, 54).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

Centene - NE (Nebraska Total Care) 2017 Disposition Summary

Ineligible	Total Sample	General Population
Deceased	0	0
Does not meet eligible population criteria	5	3
Language barrier	6	6
Mentally/physically incapacitated	0	0
Total Ineligible	11	9

Non-response	Total Sample	General Population
Partial complete	6	3
Refusal	70	34
Maximum attempts made	2741	1303
Do Not Call list	0	0
Total Non-response	2817	1340

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\text{Total completed surveys}}{\text{Sample size} - \text{Ineligible surveys}} = \text{Response Rate}$$

- Using the final figures from Centene - NE (Nebraska Total Care)'s survey, the 2017 response rate is calculated using the equation below:

$$\text{Total Sample Response Rate} = \frac{\text{Mail (478)} + \text{Phone (135)} + \text{Internet (49)} = 662}{\text{Total Sample (3490)} - \text{Total Ineligible (11)} = 3479} = \mathbf{19\%}$$

$$\text{General Population Response Rate} = \frac{\text{Mail (230)} + \text{Phone (51)} + \text{Internet (20)} = 301}{\text{Total Sample (1650)} - \text{Total Ineligible (9)} = 1641} = \mathbf{18\%}$$

Memo:
2017 NCQA Avg.
Total Response Rate = 22%



Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 core composite measures plus an additional 5 CCC composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

Centene - NE (Nebraska Total Care)		
	General Population	CCC Population
Composite Measures	2017	2017
Getting Care Quickly	92%	96%
Shared Decision Making	84%	85%
How Well Doctors Communicate	96%	96%
Getting Needed Care	87%	92%
Customer Service	92%	86%
CCC Composite Measures		
Access to Prescription Medicines	93%	94%
Access to Specialized Services	79%	78%
Family-Centered Care: Personal Doctor Who Know Child	90%	92%
Family-Centered Care: Getting Needed Information	90%	94%
Coordination of Care for Children with Chronic Conditions	76%	77%
Overall Ratings Measures		
Health Care	91%	90%
Personal Doctor	91%	92%
Specialist	91%	88%
Health Plan	86%	81%
Health Promotion & Education	61%	74%
Care Coordination	83%	83%
	General Population	Total Sample
Sample Size	1650	3490
# of Completes	301	662
Response Rate	18%	19%

↑/↓ Statistically higher/lower compared to prior year results.



Comparison to Quality Compass® – General Population

Child Medicaid with CCC Survey Questions	Centene - NE (Nebraska Total Care)		2017 Child Medicaid Quality Compass® - General Population Results							
	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	91.90	72nd	88.83	79.48	82.56	86.14	89.46	92.12	93.74	94.69
How Well Doctors Communicate (% Always/Usually)	95.92	90th	93.49	89.85	90.53	92.29	93.81	94.97	95.84	96.45
Q40 Care Coordination (% Always/Usually)	83.12	49th	82.91	74.82	78.17	80.18	83.18	85.84	88.27	89.62
Getting Needed Care (% Always/Usually)	87.11	63rd	84.50	75.87	77.86	80.80	85.14	88.66	90.62	91.43
Customer Service (% Always/Usually)	91.70	92nd	88.09	83.63	84.50	86.36	88.05	89.68	91.22	91.94
Shared Decision Making (% Yes)	83.79	96th	78.70	71.18	74.21	77.15	79.31	81.13	82.50	83.21
Q14 Rating of Health Care (% 8, 9, 10)	91.13	95th	86.72	81.14	82.61	85.14	87.14	88.68	90.05	91.13
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.25	84th	89.27	85.27	86.42	87.87	89.46	90.69	91.86	92.55
Q48 Rating of Specialist (% 8, 9, 10)	90.57	82nd	87.30	81.56	82.84	84.88	87.16	89.71	91.37	92.98
Q54 Rating of Health Plan (% 8, 9, 10)	85.96	47th	85.84	79.03	81.47	83.83	86.04	88.86	90.34	91.20

Legend:

95th = Plan score falls on or above 95th percentile
90th = Plan score falls on 90th or below 95th percentile
75th = Plan score falls on 75th or below 90th percentile
50th = Plan score falls on 50th or below 75th percentile
25th = Plan score falls on 25th or below 50th percentile
10th = Plan score falls on 10th or below 25th percentile
5th = Plan scores falls below 10th percentile

The 2017 Child Medicaid Quality Compass® consists of 118 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



Comparison to Quality Compass® – CCC Population

	Centene - NE (Nebraska Total Care)		2017 Child Medicaid with CCC Quality Compass® - CCC Population Results							
Child Medicaid with CCC Survey Questions	2017	Percentile	Mean	5th	10th	25th	50th	75th	90th	95th
Getting Care Quickly (% Always/Usually)	95.90	96th	91.78	86.16	87.60	89.89	92.07	94.12	94.81	95.25
How Well Doctors Communicate (% Always/Usually)	96.07	87th	94.24	91.06	91.67	93.35	94.46	95.47	96.33	96.46
Q40 Care Coordination (% Always/Usually)	83.42	55th	82.93	77.83	78.79	81.03	82.93	85.75	86.52	87.42
Getting Needed Care (% Always/Usually)	91.78	95th	85.96	79.48	79.73	82.01	86.61	89.79	90.94	91.75
Customer Service (% Always/Usually)	85.58	8th	89.84	84.77	85.77	88.79	90.41	91.53	93.75	93.91
Shared Decision Making (% Yes)	84.90	54th	84.71	82.09	82.39	83.76	84.60	86.02	88.00	88.63
Access to Prescription Medicines (% Always/Usually)	94.22	92nd	90.65	85.77	87.06	88.56	91.10	92.97	94.16	94.45
Access to Specialized Services (% Always/Usually)	78.04	50th	76.29	65.54	69.67	73.54	77.47	79.51	81.91	82.46
Family-Centered Care: Personal Doctor Who Knows Child (% Yes)	91.66	73rd	89.99	84.56	86.68	88.56	90.57	91.72	92.42	92.81
Family-Centered Care: Getting Needed Information (% Always/Usually)	94.25	95th	91.28	87.95	88.30	90.02	91.67	92.42	93.58	93.93
Coordination of Care for Children with Chronic Conditions (% Yes)	77.11	38th	77.90	73.63	73.88	75.49	78.31	80.57	81.05	82.52
Q14 Rating of Health Care (% 8, 9, 10)	89.78	95th	85.43	79.94	80.20	83.66	85.71	87.46	88.84	89.76
Q41 Rating of Personal Doctor (% 8, 9, 10)	91.89	92nd	88.66	84.09	85.33	87.27	88.84	90.04	91.79	92.50
Q48 Rating of Specialist (% 8, 9, 10)	87.65	70th	85.98	80.20	80.81	85.09	86.36	87.89	89.84	90.08
Q54 Rating of Health Plan (% 8, 9, 10)	80.98	19th	83.53	76.42	77.67	81.33	84.15	86.36	89.16	89.54

Legend:

95th = Plan score falls on or above 95th percentile
90th = Plan score falls on 90th or below 95th percentile
75th = Plan score falls on 75th or below 90th percentile
50th = Plan score falls on 50th or below 75th percentile
25th = Plan score falls on 25th or below 50th percentile
10th = Plan score falls on 10th or below 25th percentile
5th = Plan scores falls below 10th percentile

The 2017 Child Medicaid with CCC Quality Compass® consists of 64 public and non-public reporting health plan products (All Lines of Business excluding PPOs).



Accreditation Details

Scoring for NCQA Accreditation (Includes How Well Doctors Communicate) – General Population

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.371	0.743	1.263	1.634	1.857	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold						Approximate Score	
Getting Care Quickly	(n=142)	2.679	75 th		2.54	2.61	2.66	2.69	1.634	
How Well Doctors Communicate	(n=196)	2.789	90 th		2.63	2.68	2.72	2.75	1.857	
Getting Needed Care	(n=129)	2.490	50 th		2.37	2.46	2.51	2.56	1.263	
Customer Service***	(n=90)	0.000	NA		2.50	2.53	2.58	2.63	NA	
Overall Ratings Scores										
Health Care	(n=203)	2.635	90 th		2.49	2.52	2.57	2.59	1.857	
Personal Doctor	(n=263)	2.764	90 th		2.58	2.62	2.65	2.69	1.857	
Specialist***	(n=53)	0.000	NA		2.53	2.59	2.62	2.66	NA	
				Accreditation Points	0.742	1.486	2.526	3.268	3.714	
Health Plan	(n=292)	2.644	75 th		2.51	2.57	2.62	2.67	3.268	
Estimated Overall CAHPS® Score:									11.736	

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Accreditation Details

Scoring for NCQA Accreditation (Includes Care Coordination) – General Population

				2017 NCQA National Accreditation Comparisons*						
				Below 25th Nat'l	25th Nat'l	50th Nat'l	75th Nat'l	90th Nat'l		
				Accreditation Points	0.433	0.867	1.473	1.907	2.167	
Composite Scores	Sample Size	Mean	Approximate Percentile Threshold							Approximate Score
Getting Care Quickly	(n=142)	2.679	75 th		2.54	2.61	2.66	2.69		1.907
Getting Needed Care	(n=129)	2.490	50 th		2.37	2.46	2.51	2.56		1.473
Customer Service***	(n=90)	0.000	NA		2.50	2.53	2.58	2.63		NA
Care Coordination***	(n=77)	0.000	NA		2.36	2.42	2.48	2.52		NA
Overall Ratings Scores										
Health Care	(n=203)	2.635	90 th		2.49	2.52	2.57	2.59		2.167
Personal Doctor	(n=263)	2.764	90 th		2.58	2.62	2.65	2.69		2.167
Specialist***	(n=53)	0.000	NA		2.53	2.59	2.62	2.66		NA
				Accreditation Points	0.866	1.734	2.946	3.814	4.334	
Health Plan	(n=292)	2.644	75 th		2.51	2.57	2.62	2.67		3.814
Estimated Overall CAHPS® Score:										11.528

NOTE: NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.



Key Driver Analysis and Actions Plans

Action Plan – Rating of Health Plan - General Population

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

High Priority for Improvement (High correlation/Relatively low performance)

Overall Rating of Health Plan

Primary Recommendation

Q51 - Treated You with Courtesy and Respect

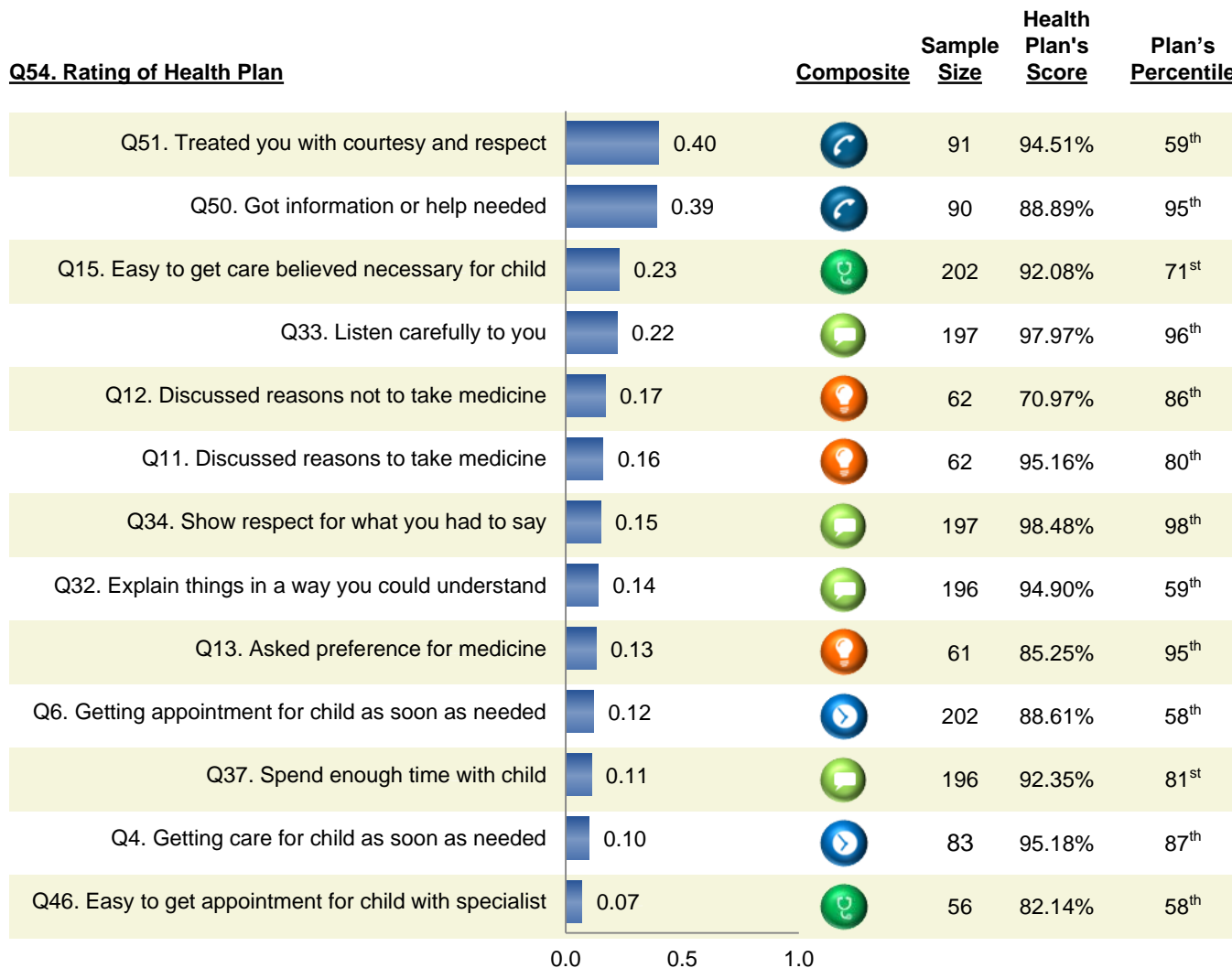


Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.



Key Driver Analysis for General Population – Health Plan

Q54. Rating of Health Plan



High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q51 - Treated You with Courtesy and Respect

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

Q50 - Got Information or Help Needed

Use caution when reviewing scores with sample sizes less than 25.

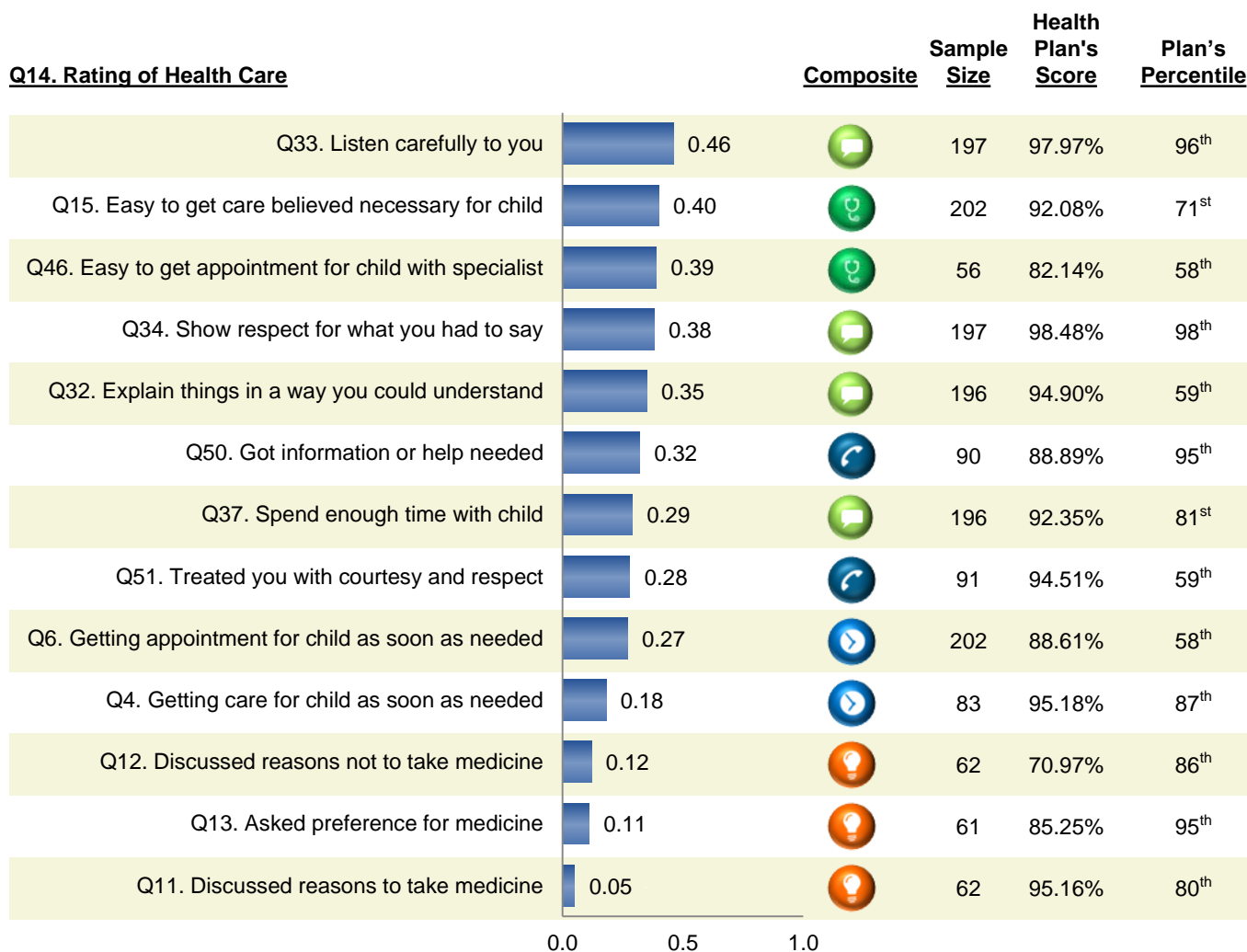
"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis for General Population – Health Care

Q14. Rating of Health Care



High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q15 - Easy to Get Care Believed Necessary for Child

Q46 - Easy to Get Appointment for Child with Specialist

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

Q33 - Listen Carefully to You

Q34 - Show Respect for What You Had to Say

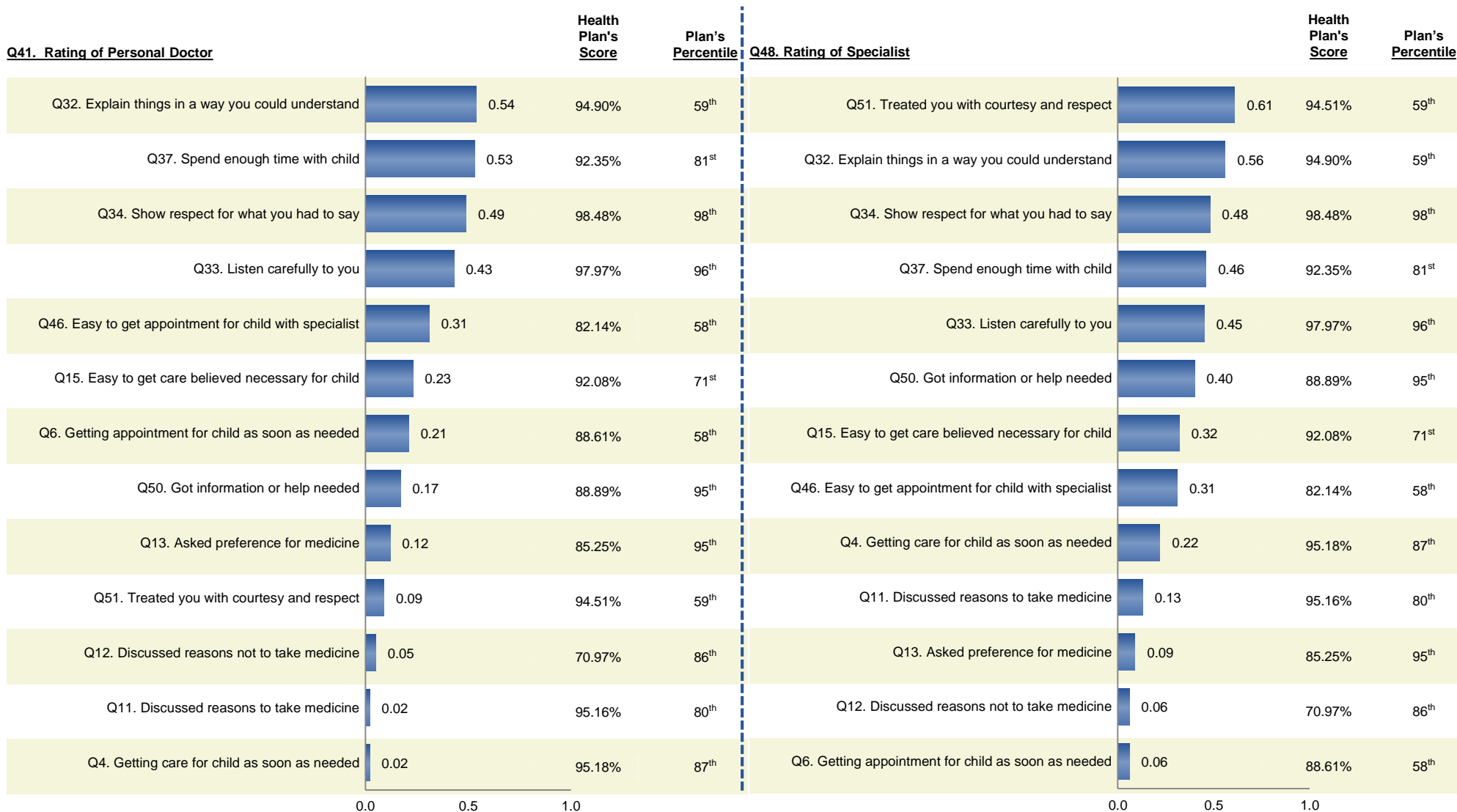
Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"

Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis for General Population – Doctor and Specialist









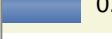

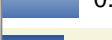















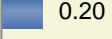

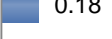

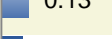

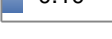

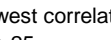



"Health Plan's Score" is the percent of respondents that answered "Always", "Usually"; "Yes"
Red Text indicates measure is 25th percentile or lower.



Key Driver Analysis for CCC Population – Health Plan

Q54. Rating of Health Plan

			Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q51. Treated you with courtesy and respect		0.52		106	92.45%	13 th
Q20. Easy to get special medical equipment for child		0.49		46	73.91%	NA
Q23. Easy to get therapy for child		0.48		90	77.78%	43 rd
Q50. Got information or help needed		0.44		108	78.70%	10 th
Q15. Easy to get care believed necessary for child		0.38		312	94.23%	84 th
Q56. Easy to get prescription medicine for child		0.37		294	94.22%	92 nd
Q4. Getting care for child as soon as needed		0.30		157	96.82%	92 nd
Q26. Easy to get treatment or counseling for child		0.29		165	82.42%	76 th
Q37. Spend enough time with child		0.28		292	94.86%	96 th
Q9. Getting questions answered by child's doctor		0.26		313	94.25%	95 th
Q34. Show respect for what you had to say		0.22		293	96.93%	73 rd
Q46. Easy to get appointment for child with specialist		0.22		178	89.33%	89 th
Q6. Getting appointment for child as soon as needed		0.22		299	94.98%	92 nd
Q18. Getting help you needed from doctor in contacting school/daycare		0.20		63	95.24%	79 th
Q33. Listen carefully to you		0.20		293	95.90%	65 th
Q32. Explain things in a way you could understand		0.18		293	96.59%	77 th
Q44. Doctor understands how medical conditions affect family's day-to-day life		0.13		252	90.87%	64 th
Q43. Doctor understands how medical conditions affect child's day-to-day life		0.10		249	94.38%	76 th

0.0 0.5 1.0

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Plan are not displayed. Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes"

Red Text indicates measure is 25th percentile or lower.

High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q51 - Treated You with Courtesy and Respect

Q23 - Easy to Get Therapy for Child

Q50 - Got Information or Help Needed

































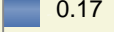

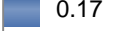

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

None



Key Driver Analysis for CCC Population – Health Care

Q14. Rating of Health Care

			Composite	Sample Size	Health Plan's Score	Plan's Percentile
Q15. Easy to get care believed necessary for child		0.52		312	94.23%	84 th
Q32. Explain things in a way you could understand		0.47		293	96.59%	77 th
Q34. Show respect for what you had to say		0.45		293	96.93%	73 rd
Q37. Spend enough time with child		0.45		292	94.86%	96 th
Q33. Listen carefully to you		0.44		293	95.90%	65 th
Q9. Getting questions answered by child's doctor		0.43		313	94.25%	95 th
Q46. Easy to get appointment for child with specialist		0.36		178	89.33%	89 th
Q43. Doctor understands how medical conditions affect child's day-to-day life		0.32		249	94.38%	76 th
Q4. Getting care for child as soon as needed		0.28		157	96.82%	92 nd
Q20. Easy to get special medical equipment for child		0.27		46	73.91%	NA
Q56. Easy to get prescription medicine for child		0.25		294	94.22%	92 nd
Q6. Getting appointment for child as soon as needed		0.25		299	94.98%	92 nd
Q44. Doctor understands how medical conditions affect family's day-to-day life		0.24		252	90.87%	64 th
Q23. Easy to get therapy for child		0.22		90	77.78%	43 rd
Q38. Doctor talks with you about how child is feeling/growing/behaving		0.22		292	89.73%	66 th
Q51. Treated you with courtesy and respect		0.22		106	92.45%	13 th
Q13. Asked preference for medicine		0.17		156	86.54%	69 th
Q50. Got information or help needed		0.17		108	78.70%	10 th

0.0 0.5 1.0

Above are 18 of the 23 key measures. The 5 measures with lowest correlation to Rating of Health Care are not displayed. Use caution when reviewing scores with sample sizes less than 25.

"Health Plan's Score" is the percent of respondents that answered "Always", "Usually", "Yes"

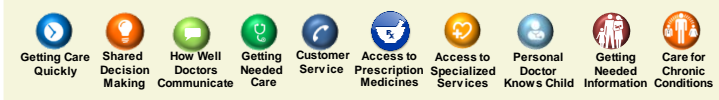
Red Text indicates measure is 25th percentile or lower.

High Priority for Improvement
(High Correlation/
Lower Quality Compass[®] Group)

Q34 - Show Respect for What You Had to Say
Q33 - Listen Carefully to You

Continue to Target Efforts
(High Correlation/
Higher Quality Compass[®] Group)

Q15 - Easy to Get Care Believed Necessary for Child
Q32 - Explain Things in a Way You Could Understand
Q37 - Spend Enough Time with Child
Q9 - Getting Questions Answered by Child's Doctor



Action Plans for Improving CAHPS® Scores

Morpace has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS® Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

<http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html>

GETTING NEEDED CARE (1 of 2)

Easy to get appointment with specialist

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.



Action Plans for Improving CAHPS® Scores

GETTING NEEDED CARE (2 of 2)

Easy to get care believed necessary

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

Additional recommendations

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.



Action Plans for Improving CAHPS® Scores

GETTING CARE QUICKLY

Getting care as soon as you needed

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

Getting appointment as soon as needed

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

Additional recommendations

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
 - Calls to physician office - unblinded
 - Calls to members with recent claims
 - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues



Action Plans for Improving CAHPS® Scores

HOW WELL DOCTORS COMMUNICATE

Explain things in a way you could understand

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

Listen carefully to you

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

Show respect for what you had to say

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

Spend enough time with you

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

Additional recommendations

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.



Action Plans for Improving CAHPS® Scores

SHARED DECISION MAKING

Discussed reasons to take medicine

- Develop patient education materials about common medicines described for your members explaining pros of each medicine.
Examples: asthma medications, high blood pressure medications, statins.

Discussed reasons not to take medicine

- Develop patient education materials about common medicines described for your members explaining cons of each medicine.
Examples: asthma medications, high blood pressure medications, statins.

Asked preference for medicine

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

Additional recommendations

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common medications.
Distribute to provider panel via podcast or other method.



Action Plans for Improving CAHPS® Scores

HEALTH PLAN CUSTOMER SERVICE

Got information or help needed

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

Treated you with courtesy and respect

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

Additional recommendations

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.



Action Plans for Improving CAHPS® Scores

CARE COORDINATION

Personal doctor informed and up-to-date about the care you got from other doctors or other health providers

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.



General Knowledge about Demographic Differences

The commentary below is **based on the Morpace Child Medicaid Book of Business:**

Age	Older respondents tend to be more satisfied than younger respondents.
Health Status	Responses for children whose health status is rated as 'Excellent' or 'Very good' tend to be more satisfied than people who rate the child's health status lower. The 'Excellent/Very good' group scores higher in the following areas: Getting Care Quickly, How Well Doctors Communicate, Getting Needed Care, three rating questions (Health Care, Personal Doctor and Health Plan) and Coordination of Care.
Education	In the Morpace Book of Business, the more educated respondents (some college or more) have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. The less educated respondents have significantly higher scores for all rating questions.
Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care.	
Race	<p>Whites tend to give higher scores to both the rating and composite questions than the African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board.</p> <p>Morpace Book of Business: White - 52%, African American - 25%, All other - 27%</p> <p>Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care.</p>
Ethnicity	Non-Hispanic respondents have significantly higher scores for Getting Care Quickly, How Well Doctors Communicate and Getting Needed Care. Hispanics have significantly higher scores for all rating questions. Hispanics make up 41% of the Morpace Book of Business.

Demographic Profile

Child Demographics

		Centene - NE (Nebraska Total Care)			
		General Population	2017 Quality Compass®-General	CCC Population	2017 Quality Compass®-CCC
		2017	Population	2017	Population
Q58. Child's Health Status					
	Excellent/Very good	82%	75%	61%	57%
	Good	14%	20%	29%	31%
	Fair/Poor	4%	5%	10%	13%
Q59. Child's Mental/Emotional Health Status					
	Excellent/Very good	74%	73%	45%	44%
	Good	15%	18%	31%	30%
	Fair/Poor	11%	9%	24%	26%
Q74. Child's Age					
	1yr and under	6%	NA	2%	NA
	2-5	23%	NA	10%	NA
	6-9	22%	NA	20%	NA
	10-14	29%	NA	44%	NA
	15-18	21%	NA	23%	NA
Q75. Child's Gender					
	Male	57%	52%	57%	59%
	Female	43%	48%	43%	41%
Q76/77. Child's Race/Ethnicity					
	Hispanic or Latino	35%	35%	21%	23%
	White	66%	55%	78%	60%
	African American	10%	24%	14%	30%
	Asian	6%	5%	3%	3%
	Native Hawaiian or other Pacific Islander	0%	1%	1%	1%
	American Indian or Alaska Native	4%	3%	7%	5%
	Other	13%	16%	8%	12%

Data shown are self reported.
NA = Data not available.



Demographic Profile

Respondent Demographics

Centene - NE (Nebraska Total Care)				
	General Population	2017 Quality Compass®- General Population	CCC Population	2017 Quality Compass®-CCC Population
	2017		2017	
Q7. Number of Times Going to Doctor's Office/Clinic for Care				
None	31%	24%	10%	13%
1 time	30%	26%	26%	20%
2 times	18%	23%	26%	24%
3 times	9%	13%	16%	17%
4 times	5%	6%	10%	10%
5-9 times	3%	6%	7%	12%
10 or more times	3%	2%	5%	4%
Q31. Number of Times Visited Personal Doctor to Get Care				
None	26%	20%	11%	13%
1 time	38%	33%	40%	27%
2 times	19%	23%	24%	25%
3 times	9%	12%	12%	15%
4 times	5%	6%	7%	8%
5-9 times	3%	5%	6%	9%
10 or more times	0%	1%	0%	2%
Q78. Respondent's Age				
Under 18	10%	6%	11%	7%
18 to 24	6%	6%	2%	3%
25 to 34	26%	31%	19%	25%
35 to 44	27%	31%	27%	31%
45 to 54	18%	16%	22%	19%
55 to 64	8%	6%	14%	10%
65 or older	5%	3%	6%	6%
Q79. Respondent's Gender				
Male	12%	12%	12%	10%
Female	88%	88%	88%	90%
Q80. Respondent's Education				
Did not graduate high school	24%	21%	14%	16%
High school graduate or GED	27%	34%	23%	32%
Some college or 2-year degree	33%	31%	42%	37%
4-year college graduate	10%	9%	10%	9%
More than 4-year college degree	7%	5%	11%	6%

Data shown are self reported.



Composite & Rating Scores by Demographics - General Population

Centene - NE (Nebraska Total Care)															
Demographic	Child's Age					Child's Race			Child's Ethnicity		Respondent's Educational Level		Child's Health Status		
	1 yr and under	2-5 yrs	6-9 yrs	10-14 yrs	15-18 yrs	White	African American	All other	Hispanic	Non-Hispanic	HS Grad or Less	Some College+	Excellent/Very Good	Good	Fair/Poor
Sample size	(n=14)	(n=54)	(n=53)	(n=69)	(n=50)	(n=199)	(n=31)	(n=70)	(n=101)	(n=186)	(n=144)	(n=141)	(n=243)	(n=42)	(n=13)
Composites (% Always/Usually)															
Getting Care Quickly	96	90	90	89	92	95	87	90	89	93	88	95	92	88	95
Shared Decision Making (% Yes)	67	81	93	93	76	87	83	82	77	86	79	88	86	83	75
How Well Doctors Communicate	93	95	91	99	97	97	100	93	94	97	95	96	97	93	86
Getting Needed Care	63	97	88	88	81	90	95	78	87	87	84	88	89	77	92
Customer Service	100	82	88	95	97	89	83	94	95	87	94	87	94	81	100
Overall Ratings (% 8,9,10)															
Health Care	75	94	87	90	97	90	95	91	90	91	92	91	95	83	58
Personal Doctor	93	91	91	92	95	91	97	95	89	92	94	89	93	85	69
Specialist	0	100	67	100	100	88	100	100	91	90	94	88	92	89	80
Health Plan	79	94	82	79	92	84	87	90	94	81	92	80	88	83	54



Supplemental Questions



Supplemental Questions – Emergency Room

Q84. In the last 6 months, how many times did you go to the emergency room to get care for your child because your child's personal doctor was not able to see you during regular office hours?

	2017
None	87%
1 time	10%
2 times	1%
3 or more times	2%

Sample Size: (n=289)

Supplemental Questions – Emergency Room (cont.)

**Q85. Why did you go to an emergency room to get care for your child?
(Multiple Mentions)**

	2017
I felt it was an emergency	38%
Unable to get a doctor's appointment as soon as I wanted	16%
Doctor told me to go to the emergency room	11%
Did not get a call back from the doctor	3%
I did not know where the nearest urgent care center was	3%
Other	35%
Sample Size: (n=37)	

Supplemental Questions – Mental Health Services

Q86. If your child needed mental health or substance abuse services, did your child access them?

2017	
Yes	47%
No	53%
Sample Size: (n=76)	

Q87. In the last 6 months, was your health plan helpful to you in getting mental health services for your child?

2017	
Yes	74%
No	26%
Sample Size: (n=61)	

Supplemental Questions – Personal Doctor Preferences

Q88. In the last 6 months, how often was it hard to find a personal doctor who knows your child's culture?

	2017
Never	71%
Sometimes	8%
Usually	7%
Always	14%
Sample Size:	(n=114)

Q89. In the last 6 months, how often was it hard to find a personal doctor for your child who speaks your child's language?

	2017
Never	77%
Sometimes	6%
Usually	6%
Always	11%
Sample Size:	(n=142)